IFW 1616

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Under the Paser	VOTE RE	duction Act of 1995	no person	s are required to res Application Nur		09/954,904		uniess it	displays a valid OMB control number.
TRANSMITTAL			Filing Date		9/18/2001				
	FO	RM		First Named Inv	ventor	Jie Zhang	Jie Zhang		
•				Art Unit 1616					
(to be used for all	correspo	ondence after initial :	filing)	Examiner Name	е	George, K	onata M.		
Total Number of Pa		Ι,	3	Attorney Docke	t Number	24055.CIP	2	•	
			ENC	LOSURES	(Check a	all that apply	)		
Amendment After Affid Extension o Express About Information  Certified Co Document(s Reply to Mis Incomplete Rep	Attache t/Reply or Final davits/de of Time I andonm Disclos opy of Pl s) ssing Pa Applica oly to Mi	eclaration(s) Request ment Request ure Statement riority		Drawing(s)  Licensing-related  Petition  Petition to Conver  Provisional Applic  Power of Attomey  Change of Corres  Terminal Disclaim  Request for Refur  CD, Number of Cl  Landscape	t to a ation r, Revocat pondence er nd	e Address	Post	Appea of App Appea (Appea Proprio Status Other below)	Enclosure(s) (please Identify
		SIGNA	TURE C	OF APPLICAN	IT, ATT	ORNEY, C	R AG	ENT	
	Thorpe I	North & Western,	LLP						
Signature	9/	my Pohr							
Printed name	Sary P.	Oakeson							
Date 1	1/9/200	)5				Reg. No.	44,266	<b>.</b>	
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on									
the date shown belo Signature	ow:	R 1 /		``					
Typed or printed name Brenda Wiseman				Mar				Date	11/9/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS Alexandria, VA 22313-1450. ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

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Approved for use through 07/31/2006. OMB 0651-0032
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/954,904 Filing Date 9/18/2001

## FEE TRANSMITTAL

Other (e.g., late filing surcharge): 3 Terminal Disclaimers

For FY 2005	First Named Inventor	Jie Zhang		
	Examiner Name	George, Konata M.		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1616		
TOTAL AMOUNT OF PAYMENT (\$) 390 00	Attorney Docket No.	24055 CIP2		

TOTAL AMOUNT OF PAYMEN	τ (\$)	390.00	Att	orney Docket No.	24055.CII	P2	
METHOD OF PAYMENT (ch	eck all tha	it apply)			Ť		
Check Credit Card		,	None [	Other (please in	• •	oe North & V	Vestern
	Deposit Account Deposit Account Number: 20-0100 Deposit Account Name: Thorpe North & Western  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indi	ated below	•		Charge fee(s	) indicated b	elow, except fo	or the filing fee
Charge any addition under 37 CFR 1.19 WARNING: Information on this form information and authorization on P	6 and 1.17 n may becom	or underpayments of ne public. Credit card		Credit any o			credit card
FEE CALCULATION							
1. BASIC FILING, SEARCH F	ILING FEE		ARCH	FEES EXA	MINATION Smail		
Application Type Fe	- (4)		e (\$)		e (\$) Fee		Fees Paid (\$)
Utility 3	00 1	50 50	)0	250 20	0 10	0	
Design 2	00 1	00 10	00	50 13	60 6	5	
Plant 2	00 1	00 30	00	150 16	50 80	o <sup>·</sup> —	
Reissue 3	00 1	50 50	00	250 60	0 30	0 _	
Provisional 2	00 1	00	0	0	0	0 _	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (inclue Each independent claim of Multiple dependent claim of Multiple dependent claim	over 3 (incl s	luding Reissues)	F <b>D</b>			ee (\$) Fe 50 200 1	Entity  e (\$)  25  100  180
<u>Total Claims</u> <u>Ext</u> - 20 or HP =	ra Claims	<u>Fee (\$)                                    </u>	Fee Pai	<u>a (\$)</u>			Fee Paid (\$)
HP = highest number of total clain Indep. Claims Ext - 3 or HP =	ns paid for, if ra Claims	greater than 20.  Fee (\$)  Fee (\$)	Fee Pai	d (\$)	_		
HP = highest number of independe  3. APPLICATION SIZE FEE If the specification and dra	wings exce	eed 100 sheets of	paper (	excluding electro	nically file	d sequence of	r computer
listings under 37 CFR 1					or small en	tity) for each	additional 50
sheets or fraction therec <u>Total Sheets</u> <u>Ext</u> - 100 =	of. See 35 tra Sheets	U.S.C. 41(a)(1)(0 <u>Number of 6</u> / 50 =	each ad	37 CFR 1.16(s). Iditional 50 or fractional up to a whole r		Fee (\$)	<u>Fee Paid (\$)</u>
4. OTHER FEE(S)  Non-English Specification	on, \$130	<del></del>	ity disc	ount)			Fees Paid (\$)

SUBMITTED BY			
Signature	Hamfler	Registration No. (Attomey/Agent) 44,266	Telephone (801) 566-6633
Name (Print/Type	) Gary P. Oakeson		Date 11/9/2005

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